

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	st(s) Yashira	Pepin			
II. Name of lobbyis	st's partnership, f	irm or corporation, if	any:		
Alkermes,	Inc				
(N	ame of partnership,	firm or corporation)			
852 winter stre	et	Walthan	MA	02451	
	Street)	(Town/City)	(State)		
(781) 296-2747		()	e-mail Ypepin@gmail.com		
(Telephone))	(Fa	x)		
III. This statement reportable expense	covers: (Choose of transactions whi	one – file separate rep ch are not attributable	orts for each client, OR e to any one client).	you may file a separate report for	
X All reportable tra	ansactions occurri	ng in the months prior to	o the reporting date relati	ve to the following client:	
Alkern	nes, Inc				
<u>OR</u>	(Full Name of C	lient as it appears on the I	Lobbyist Registration Form)		
	nsactions by the lo	bbyist (including the lo	bbyist's family), or the lo	obbying firm listed below which are	
IV. Date of Report Reports cover: act	April 25, 2018 Sivity from date of re	3 X gistration to 3/31/18	July 25, 2018 activity from 4/1/18 to		
	October 31, 2 activity from 7/1/		January 30, 20 activity from 10/1/18 t		
V. There have bee If this box is checked Concord, NH 03301.	l, complete just thi	red and no reportables form and submit it to	le transactions made s the Secretary of State's C	Since the last report. State House, Room 204,	
VI. Check if addition	nal reports are a	ttached:			
	-		file Addendum A- Fees	and Expenses	
☐ If you have paid Expense Reimbursen	an honorarium or nent	reimbursed expenses, y	ou must file Addendum	B- Report of Honorariums or	
☐ If you, your firm	, or your family h	as made political contri	butions, you must file Ad	Idendum C- Political Contributions	
Sworn Statement/A I have read RSA 15, and complete to the l	RSA 15-B, RSA 1	4-C and RSA 664 and		nat the foregoing information is true	
(Signature of lobbyi	at)		3.14.1		
Yashira Pepin	əi <i>j</i>			(Date) RECEIVED	
(Print Name of lobb	yist)			MAD 1 0 2012	
				MAR 19 2018	

NEW HAMPSHIRE DEPARTMENT OF STATE